

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

- ☐ Declaration Submitted with Initial Filing
- ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number 2635.CIRQ.NP

First Named Inventor Carter et al.

COMPLETE IF KNOWN

Application Number 10/798,240

Filing Date March 11, 2004

Art Unit 2681

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD OF DETERMINING ORIENTATION AND MANNER OF HOLDING A MOBILE
TELEPHONE**

(Title of the Invention)

the specification of which

- ☐
- is attached hereto

OR

- ☒
- was filed on (MM/DD/YYYY)

03/11/2004

as United States Application Number or PCT International

Application Number

10/798,240

and was amended on (MM/DD/YYYY)

(If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

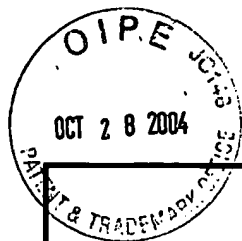
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☐
- Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

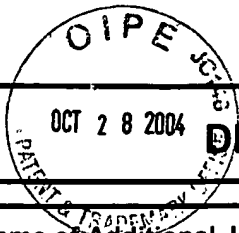
Julie K. Morriss Reg. No. 33,263 David W. O'Bryant Reg. No. 39,793 Frank W. Compagni Reg. No. 40,567

Paul C. Oestreich Reg. No. 44,983



DECLARATION -- Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number :		26986		OR <input type="checkbox"/> Correspondence address below	
Name	MORRISS O'BRYANT COMPAGNI, P.C.				
Address	136 SOUTH MAIN STREET, SUITE 700				
City	SALT LAKE CITY	State	UTAH	ZIP	84101
Country	USA	Telephone	(801) 478-0071	Fax	(801) 478-0076
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Dale J.		Family Name or Surname	
Inventor's Signature		<i>Dale J. Carter</i>		Date 10/22/04	
Residence: City		Orem	State	Utah	Country
				United States	Citizenship
				United States	
Mailing Address 41 South Sage Drive					
City		Orem	State	Utah	Zip
				84097	Country
				United States	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Richard		Family Name or Surname	
Inventor's Signature		<i>Richard D. Woolley</i>		Date 10/22/04	
Residence: City		Orem	State	Utah	Country
				United States	Citizenship
				United States	
Mailing Address 550 East Heather Road					
City		Orem	State	Utah	Zip
				84097	Country
				United States	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Wayland M.		Duncan	
Inventor's Signature <i>Wayland M. Duncan</i>		Date 10/22/04	
Residence: City	State	Country	Citizenship
Tooele	Utah	United States	United States
Mailing Address			
281 West Dawson Drive			
City	State	ZIP	Country
Tooele	Utah	84074	United States
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country